

New Jersey Department of Health and Senior Services

RABIES VACCINATION CERTIFICATE

Owner's Name-Last		First	MI	Telephone Number		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Address		City		State	Zip Code	Name:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Age <input type="checkbox"/> 3 – 12 Months <input type="checkbox"/> 12 Months or Older	Size <input type="checkbox"/> Under 20 Lbs. <input type="checkbox"/> Over 50 Lbs. <input type="checkbox"/> 20 - 50 Lbs.			Predominant Breed:
Producer		<input type="checkbox"/> 1-Yr. Lic/Vacc. <input type="checkbox"/> 3-Yr. Lic/Vacc.		Vaccine Serial No.:		Colors:
FOR LICENSING AGENCY USE License Number Year _____ _____ _____ Other: _____ Control <input type="checkbox"/> Change Number: <input type="checkbox"/> Add		Date Vaccinated _____ / _____ / _____ Month / Day / Year Rabies Tag No.: _____ Vaccination Expires _____ / _____ / _____ Month / Day / Year		Veterinarian's Name _____ Address _____ Signature _____		License No. _____

VPH-26 DEC 01

Distribution: Original to Owner Copy to Municipality